

maniacal type is followed by muscular explosions of extraordinary character. These attacks are followed by profuse stupor and often convulsive twitchings of the voluntary muscles.

In the states of dementia and confusion epileptic symptoms are prominent. The writer believes that the convulsive trembling and unconsciousness point to epilepsy which may be the cause instead of the effect. In the class of automatic trance and psychic cases certain blanks of memory occur, followed by automatic acts which the person never remembers. Narcotism by alcoholism or epileptoid symptoms may be found. Besides these there may be sudden alterations of personality and conduct and automatic trances. Thus a moderate drinker may perform some act of which he is unconscious and in an epileptoid state which may be regarded unusual or insane.

W. B. NOYES.

EPILEPSY: ITS TREATMENT. Daniel R. Brower (Journal of the American Medical Association, Jan. 17, 1903).

Hygiene of the epileptic. This should be disciplinary, pedagogic, and dietetic. All stimulating narcotics should be eschewed. Differential care for the dullards and the over-bright should be carried out. The diet should tend to minimize nitrogenous food, permitting meat once a day, excluding all indigestible foods, and cutting down fat and sugar.

Drugs. If bromides are used, vary their administration by changing the vehicle. For children the dose is a grain for each year of their life, not exceeding 20 grains three times a day of bromide of sodium for an adult. If this fails add fluid extract of *Solanum Carolinensis*, beginning with a halfteaspoonful, increasing to two. In cases of cardiac enfeeblement the fluid extract of *Adonis vernalis*, in dose of from a half to five minims may be added. Coal tar drugs may be used, or belladonna. For the anemic cases bromide of iron may be used.

If irritability of the bladder ensues, bromohydric acid or bromipin may be used. If the bromide treatment fails borax in ten grain doses. Oxide of zinc in doses of three to five grains, or strychnine may be of service. Santonin in increasing doses may be used. Combinations of salicylate of soda and antipyrin may be used if bromides disagree. Nitroglycerine in certain cases is helpful.

W. B. NOYES.

PATHOLOGY OF TABES. L. Nageotte. (Presse Médicale, Dec. 10, 1902, No. 49).

Tabes, the author says, is an inflammatory disease which attacks a certain group of sensory and motor nerve roots as they emerge from the sub-arachnoid space. The process is allied to a syphilitic meningitis. The lesion is not solely a syphilitic one, but there is an interstitial transverse neuritis of the nerve root that has traveled up from the meninges and involved the interfascicular connective tissue. The posterior nerve roots are first involved and then the posterior columns throughout. The shorter fibers seemed to suffer more than the long ones. There is a progressive atrophic change in each fiber with thinning of the myelin sheath. Later the myelin disappears, the axis cylinder persisting.

JELLIFFE.

MESSAGE FOR TABETICS. M. G. Constantoux (La Presse Médicale, Dec. 6, 1902).

The author arrives at the following conclusions: (1) The employment of massage for tabes should be especially adapted for each particular case. (2) Massage though given with greatest care, and helpful in certain cases may be harmful to other cases. (3) It should be applied either by a physician acquainted with tabes, or by a masseur absolutely obedient to instructions. (4) Massage for tabes is indicated as follows; (a) for a gen-

eral tonic; (b) as a means to combat certain sensory disturbances; (c) against certain complications. (5) Massage of the skin is useful in many of the sensory troubles, and also as a general tonic of extensive utility against nutritive changes. (6) The massage of muscles is without effect on the ataxia; it causes fatigue if too vigorous. It accomplishes little when there is paralysis or true atrophies. In slowly healing fractures in tabes it is valuable. (7) Passive motion is contraindicated when the joints are already too movable and when there is hypotonia of the muscles. (8) The active motions should be of a nature to re-educate the limbs. (9) Whatever be the conditions, the manipulations of massage should be gentle, and the seances brief when applied in tabes.

W. B. NOYES.

AUTOPSY IN A CASE OF ADIPOSIS DOLOROSA. F. K. Dercum and D. J. McCarthy (American Journal of the Medical Sciences, December, 1902).

The protocol of the autopsy was as follows: Superficial abdominal fat three and three-quarter inches thick. Loose in the fat were several hemolymph glands. The pia and brain were normal, except an abnormal arrangement of the third frontal convolution. The pituitary body was closely adherent to the *sella turcica*, which was converted in part into a tumor mass, which was an adeno-carcinoma. The thyroid gland was normal. The kidneys were in a condition of acute parenchymatous nephritis. There was an interstitial neuritis of the nerve filaments of the subcutaneous fat. The testicles were undeveloped. The symptoms that had been caused by that were obesity, large masses of fat accumulating on the abdomen and chest, which were extremely painful. As the deposit of fat grew the patient became excessively weak and easily fatigued. Four or five years before he had had an epileptic seizure, which recurred at intervals of a month or two. It was accompanied by an aura, biting of the tongue and unconsciousness. The knee-jerks were normal. There were no areas of anesthesia or hyperesthesia. The eyes showed very slight ptosis of the left side and some weakness of the internal rectus. Death was caused by erysipelas.

W. B. NOYES.

TREATMENT OF EPILEPSY. L. Cerf (L'Anjou Médicale, 9, 1902, July).

The author reports in four cases of epilepsy treated by thyroid with such excellent results and he suggests that in all cases of so-called essential or idiopathic epilepsy that some form of thyroid therapy be instituted in the event of there being some thyroid dystrophy in the case.

JELLIFFE.